

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001485

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** DERMATOLOGY ASSOCIATES OF BREVARD, LLLP

**Current Principal Place of Business:**

1286 SOUTH FLORIDA AVENUE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1286 SOUTH FLORIDA AVENUE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-3759157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRKPATRICK, RICHARD C  
1286 SOUTH FLORIDA AVENUE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KIRKPATRICK, RICHARD C  
Address: 1286 SOUTH FLORIDA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SEQUEIRA, MARIO J  
Address: 1286 SOUTH FLORIDA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Address:  
City-St-Zip:

Document #:

Name: SPICER, MICHAEL S  
Address: 1286 SOUTH FLORIDA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RICHARD C KIRKPATRICK

GP

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date